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## \*BIBDATASHEET\*

CONFIRMATION NO. 4440

Bib Data Sheet

SERIAL NUMBER 10/767,115	FILING OR 371(c) DATE 01/28/2004 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 00029.11CON
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/152,639 05/20/2002 PAT 6,716,416  
 which claims benefit of 60/294,203 05/24/2001  
 and claims benefit of 60/317,479 09/05/2001

This application 10/767,115  
 is a CON of 10/750,303 12/30/2003  
 which is a CON of 10/152,639 05/20/2002 PAT 6,716,416  
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 and claims benefit of 60/317,479 09/05/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/17/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 78	INDEPENDENT CLAIMS 26
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

37485

## TITLE

Delivery of antipsychotics through an inhalation route

FILING FEE RECEIVED 1896	<p>FEES: Authority has been given in Paper        No. _____ to charge/credit DEPOSIT ACCOUNT        No. _____ for following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All Fees</li> <li><input type="checkbox"/> 1.16 Fees ( Filing )</li> <li><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</li> <li><input type="checkbox"/> 1.18 Fees ( Issue )</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Credit</li> </ul>
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